

FORM B1

United States Bankruptcy Court  
Northern District of Illinois

## Voluntary Petition

|   |  |
|---|--|
| Name of Debtor (if individual, enter Last, First, Middle):<br>HADNOT, Maggie N, | Name of Joint Debtor (Spouse) (Last, First, Middle): |
|---|--|

|  |  |
|--|--|
| All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): | All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): |
|--|--|

|  |   |
|--|---|
| Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):<br>xxx-xx-4372 | Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): |
|--|---|

|   |  |
|---|--|
| Street Address of Debtor (No. & Street, City, State & Zip Code):<br>5555 W. Monroe<br>Chicago, IL 60644 | Street Address of Joint Debtor (No. & Street, City, State & Zip Code): |
|---|--|

|   |  |
|---|--|
| County of Residence or of the Principal Place of Business: Cook | County of Residence or of the Principal Place of Business: |
|---|--|

|   |   |
|---|---|
| Mailing Address of Debtor (if different from street address): | Mailing Address of Joint Debtor (if different from street address): |
|---|---|

|   |
|---|
| Location of Principal Assets of Business Debtor (if different from street address above): |
|---|

## Information Regarding the Debtor (Check the Applicable Boxes)

## Venue (Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

## Type of Debtor (Check all boxes that apply)

Individual(s)  Railroad  
 Corporation  Stockbroker  
 Partnership  Commodity Broker  
 Other  Clearing Bank

## Chapter or Section of Bankruptcy Code Under Which

## the Petition is Filed (Check one box)

Chapter 7  Chapter 11  Chapter 13  
 Chapter 9  Chapter 12  
 Sec. 304 - Case ancillary to foreign proceeding

## Nature of Debts (Check one box)

Consumer/Non-Business  Business

## Filing Fee (Check one box)

Full Filing Fee attached  
 Filing Fee to be paid in installments (Applicable to individuals only.)  
 Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.

## Statistical/Administrative Information (Estimates only)

Debtor estimates that funds will be available for distribution to unsecured creditors.  
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

THIS SPACE IS FOR COURT USE ONLY

|                               |                                     |                          |                          |                          |                          |                          |
|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Estimated Number of Creditors | 1-15                                | 16-49                    | 50-99                    | 100-199                  | 200-999                  | 1000-over                |
|                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## Estimated Assets

|                          |                          |                                     |                          |                             |                              |                               |                          |
|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------|------------------------------|-------------------------------|--------------------------|
| \$0 to \$50,000          | \$50,001 to \$100,000    | \$100,001 to \$500,000              | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | More than \$100 million  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> |

## Estimated Debts

|                          |                          |                                     |                          |                             |                              |                               |                          |
|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------|------------------------------|-------------------------------|--------------------------|
| \$0 to \$50,000          | \$50,001 to \$100,000    | \$100,001 to \$500,000              | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | More than \$100 million  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> |

|   |               |             |  |                 |
|---|---------------|-------------|--|-----------------|
| <b>Voluntary Petition</b><br><i>(This page must be completed and filed in every case)</i>   |               | Document    | Name<br>Page 2 of 9<br>HADNOT, Maggie N. | FORM B1, Page 2 |
| <b>Prior Bankruptcy Case Filed Within Last 6 Years</b> (If more than one, attach additional sheet)  |               |             |  |                 |
| Location<br>Where Filed: - None -   | Case Number:  | Date Filed: |  |                 |
| <b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)  |               |             |  |                 |
| Name of Debtor:<br>- None -   | Case Number:  | Date Filed: |  |                 |
| District:   | Relationship: | Judge:      |  |                 |
| <b>Signatures</b>   |               |             |  |                 |
| <p><b>Signature(s) of Debtor(s) (Individual/Joint)</b><br/> I declare under penalty of perjury that the information provided in this petition is true and correct.<br/> [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.<br/> I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> <u>/s/ Maggie N, HADNOT</u><br/> Signature of Debtor Maggie N, HADNOT</p> <p><b>X</b> _____<br/> Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney)<br/> <u>November 15, 2004</u><br/> Date</p> <p><b>Signature of Attorney</b><br/> <b>X</b> <u>/s/ David S. Yen</u><br/> Signature of Attorney for Debtor(s)<br/> <u>David S. Yen ARDC No. 6194700</u><br/> Printed Name of Attorney for Debtor(s)<br/> <u>Legal Assistance Foundation of Metropolitan Chicago</u><br/> Firm Name<br/> <u>111 W. Jackson Blvd. 3rd Fl</u><br/> <u>Chicago, IL 60604</u><br/> Address<br/> <u>312-341-1070 Fax: 312-341-1041</u><br/> Telephone Number<br/> <u>November 15, 2004</u><br/> Date</p> <p><b>Signature of Debtor (Corporation/Partnership)</b><br/> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.<br/> The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> _____<br/> Signature of Authorized Individual<br/> Printed Name of Authorized Individual<br/> Title of Authorized Individual<br/> Date</p>  |               |             |  |                 |
| <p><b>Exhibit A</b><br/> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p> <p><b>Exhibit B</b><br/> (To be completed if debtor is an individual whose debts are primarily consumer debts)<br/> I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p> <p><b>X</b> <u>/s/ David S. Yen</u> <u>November 15, 2004</u><br/> Signature of Attorney for Debtor(s) Date<br/> <u>David S. Yen</u></p> <p><b>Exhibit C</b><br/> Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety?<br/> <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.<br/> <input checked="" type="checkbox"/> No</p> <p><b>Signature of Non-Attorney Petition Preparer</b><br/> I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.</p> <p>Printed Name of Bankruptcy Petition Preparer<br/> Social Security Number (Required by 11 U.S.C. § 110(c.))<br/> Address<br/> Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:<br/> If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><b>X</b> _____<br/> Signature of Bankruptcy Petition Preparer<br/> Date<br/> A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</p> |               |             |  |                 |

In re Maggie N. HADNOT \_\_\_\_\_, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND MARKET VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN | CONTINGENT<br>UNLIQUIDATED<br>DISPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL |            | UNSECURED<br>PORTION IF<br>ANY |
|---|------------------------------------|---|--|--|------------|--------------------------------|
|   |                                    |   |  | Value \$   | 173,000.00 |                                |
| Account No.   |                                    | 5555 W. Monroe, Chicago IL 60644. PIN<br>16-16-103-006-0000   |  |  | 141,000.00 | 0.00                           |
| Ameriquest Mortgage Company<br>P.O. Box 5646<br>Orange, CA 92863  | -                                  | Value \$  |  | 173,000.00   | 141,000.00 | 0.00                           |
| Account No.   |                                    | Pierce & Associates<br>1 North Dearborn, Suite 1300<br>Chicago, IL 60602  |  |  |            |                                |
| Representing:<br>Ameriquest Mortgage Company  | -                                  | Value \$  |  |  |            |                                |
| Account No.   |                                    | 5555 W. Monroe, Chicago IL 60644. PIN<br>16-16-103-006-0000   |  |  |            |                                |
| City of Chicago, Department of Water<br>Suite LL10<br>333 South State St.<br>Chicago, IL 60604-3976               | -                                  | Value \$  |  | 173,000.00   | 200.00     | 0.00                           |
| Account No.   |                                    | 5555 W. Monroe, Chicago IL 60644. PIN<br>16-16-103-006-0000   |  |  |            |                                |
| Cook County Collector (Maria Pappas)<br>118 N. Clark, Room 112<br>Chicago, IL 60602                               | -                                  | Value \$  |  | 173,000.00   | 1,509.69   | 0.00                           |
| Subtotal<br>(Total of this page)  |                                    |   |  | 142,709.69   |            |                                |
| Total<br>(Report on Summary of Schedules)   |                                    |   |  | 142,709.69   |            |                                |

In re Maggie N, HADNOT,  
Debtor

Case No. \_\_\_\_\_

## SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925\* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, which ever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

**Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

**Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

\*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

In re Maggie N, HADNOT, Case No. \_\_\_\_\_, Debtor

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | Husband, Wife, Joint, or Community | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |              |          | AMOUNT OF CLAIM |
|---|----------|------------------------------------|---|--------------|----------|-----------------|
|   |          |                                    | CONTINGENT  | UNLIQUIDATED | DISPUTED |                 |
| Account No.   |          |                                    | Medical services  |              |          |                 |
| Advocate Bethany Hospital<br>3435 W. Van Buren<br>Chicago, IL 60624   |          | -                                  |   |              |          | 840.00          |
| Account No.   |          |                                    | Advocate Illinois Masonic Medical<br>Center<br>836 W. Wellington<br>Chicago, IL 60657               |              |          |                 |
| Representing:<br>Advocate Bethany Hospital  |          |                                    |   |              |          |                 |
| Account No.   |          |                                    | Subject to setoff.  |              |          |                 |
| American General Finance<br>20 N. Clark St., Suite 2600<br>Chicago, IL 60602                                      |          | -                                  |   |              |          | X<br>2,000.00   |
| Account No. 773 378 1456 D  |          |                                    |   |              |          |                 |
| AT&T<br>attn: bankr correpondence<br>PO Box 59707<br>Murray, UT 84157-0907  |          | -                                  |   |              |          | 77.07           |
| 2 continuation sheets attached  |          |                                    | Subtotal<br>(Total of this page)  |              |          | 2,917.07        |

In re Maggie N, HADNOT,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.)     | C<br>O<br>D<br>E<br>B<br>E<br>T<br>O<br>R<br><br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CON<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | DIS<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM |
|---|---|---|--|--|------------------------------|-----------------|
|   |   |   |  |  |                              |                 |
| Account No.   |   |   |  |  |                              |                 |
| Comcast Corporation<br>1500 Market Street<br>Philadelphia, PA 19102   |   | -   |  |  |                              | 150.00          |
| Account No. 7656409010  |   | Utility service   |  |  |                              |                 |
| Commonwealth Edison<br>System Credit/ Bankruptcy Dept<br>2100 Swift Drive<br>Oak Brook, IL 60523                |   | -   |  |  |                              | 1,136.00        |
| Account No.   |   | Exelon Business Services<br>10 S. Dearborn, 35th Floor<br>PO Box 805379<br>Chicago, IL 60680  |  |  |                              |                 |
| Representing:<br>Commonwealth Edison  |   |   |  |  |                              |                 |
| Account No. 9 5000 1159 3424  |   | Utility service   |  |  |                              |                 |
| Peoples Gas Light & Coke<br>130 E. Randolph<br>Special Projects<br>Chicago, IL 60601                            |   | -   |  |  |                              | 446.00          |
| Account No. 773 378 1456 174 2  |   | Utility service   |  |  |                              |                 |
| SBC (Ameritech)<br>Illinois Bankruptcy Department<br>P.O. Box 769<br>Arlington, TX 76004                        |   | -   |  |  |                              | 119.00          |
| Sheet no. <u>1</u> of <u>2</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |   |   | Subtotal<br>(Total of this page)       |  |                              | 1,851.00        |

In re Maggie N, HADNOT,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.)     | CODE<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                                | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--------------------------|---|---|--------------|----------|-----------------|
|   |                          |   |   |              |          |                 |
| Account No.   |                          |   |   |              |          |                 |
| UIC Medical Center<br>1740 W. Taylor Street<br>Chicago, IL 60612  |                          | -   |   |              |          | 100.00          |
| Account No.   |                          |   |   |              |          |                 |
| UIC Physician Group (Dr. Yang)<br>135 S. LaSalle Street. Box 3293<br>Chicago, IL 60674-3293                     |                          | -   |   |              |          | 43.00           |
| Account No.   |                          |   |   |              |          |                 |
|   |                          |   |   |              |          |                 |
| Account No.   |                          |   |   |              |          |                 |
|   |                          |   |   |              |          |                 |
| Account No.   |                          |   |   |              |          |                 |
|   |                          |   |   |              |          |                 |
| Sheet no. <u>2</u> of <u>2</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                          |   | Subtotal<br>(Total of this page)          |              |          | 143.00          |
|   |                          |   | Total<br>(Report on Summary of Schedules) |              |          | 4,911.07        |

## United States Bankruptcy Court

Northern District of Illinois

In re Maggie N. HADNOT

Debtor(s)

Case No.

Chapter

13

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|  |                |
|--|----------------|
| For legal services, I have agreed to accept.....           | \$ <u>0.00</u> |
| Prior to the filing of this statement I have received..... | \$ <u>0.00</u> |
| Balance Due.....   | \$ <u>0.00</u> |

2. \$ 0.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor  Other (specify): Attorney's normal salary from LAFMC

4. The source of compensation to be paid to me is:

Debtor  Other (specify): Attorney's normal salary from LAFMC

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Evicting any tenants of debtor. If requested LAFMC may represent debtor in non-bankruptcy matters according to LAFMC priority guidelines, however, this requires a separate decision.

## CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: November 15, 2004

/s/ David S. Yen

David S. Yen  
Legal Assistance Foundation of Metropolitan Chicago  
111 W. Jackson Blvd. 3rd Fl  
Chicago, IL 60604  
312-341-1070 Fax: 312-341-1041

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO CONSUMER DEBTOR OF AVAILABLE CHAPTERS**

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Court employees are prohibited from giving you legal advice.

**Chapter 7: Liquidation (\$155 filing fee plus \$39 administrative fee plus \$15 trustee surcharge)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
5. Under certain circumstances you may keep property that you have purchased subject to valid security interest. Your attorney can explain the options that are available to you.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$39 administrative fee)**

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but no more than five years. Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under your plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal fines and restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

**Chapter 11: Reorganization (\$800 filing fee plus \$39 administrative fee)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a Chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer (\$200 filing fee plus \$39 administrative fee)**

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm.

I, the debtor, affirm that I have read this notice.

/s/ Maggie N. HADNOT

Debtor's Signature

November 15, 2004

Date

Case Number